84		aims as fi	LED - PA				10/74 EXTTY		692 OTHER S	MILLA
(Column 1) NUMBER FILED				NUMBER EXTRA		RATE	PEE		RATE	FEE
OR	·	NOMBERFILE		1/			380.00	OR		760.00
BASIC FEE -						X\$.9=		OR	XS18=	-
TOTAL CLAIMS			minus 20=					1	X78=	
NDEPENDENT COMMS			minus 3 = °			>39=		OR		•
MULTIPLE DEPENDENT CLAIM PRESENT +130= OR +260=										
	ra	whime 1 is les	than zero.	enter °0° in co	lumn 2	TOTAL		∄o ⊌	TOTAL	
If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OTHER OTHER OCIAINS AS ANEMDED - PART II SMALL ENTITY OR SMALL									THAN	
2/6	1210		EMDED.	(Column 2)	Column 3)	SMAL	LEMMY	OA Ti	Shirtheas (ADDI-
-	-	Column 1)		HIGHEST MIMBER	PRESENT	RATE	ADDI- TIONAL	-#	PATE	TIONAL
8		REMAINING AFTER		PREVIOUSLY PAID FOR	EXTRA	1	FEE	H	X\$1 0 =	FEE
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	otal a	10		3	-0	*100		OR	300 X#8≠	J
	ndependent •	ATION OF WILL	TIPLE DEPE	NOENT CLAIM		+130		ОЯ	+260=	
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9		CLAIMS		NUMBER PREVIOUSLY	PRESENT EXTRA	RAT	E TIONA	T	RATE	TIONAL
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HOREM	Total		Vinus	· 20	• 0	9		<u> </u>	3000	
	Independent	3	Minus	3		XS			^ 	
AME	FIRST PRESEN	TATION OF MU	LTIPLE DEP	ENDENT CLAIM		+13	≻		H +260=	
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			•		10.1	ADDIT	rec -		. •	· ·
		(Cotumn 1)		(Column 2)	(Column 3)		ADD			ADDI- TIONA
J		CLAIMS REMAINING		NUMBER PREVIOUSLY	PRESENT	RA	TION FEI		RATE	FEE
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A	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENI CLA		<u>ا</u> ال	30a	ļ)A +260	
		mn 1 is less than t	na entre in coi	LETTER 2 TOTAL	column 3.	۳	OIAL		OR ADDIT	FEE
-	if the entry in colu iii the Trighest No	mn 1 is less then i mber Previously F smar Previously I	EMFO BIT	IS SPACE IS ISSE	then 30, enter 3.	O. ADDI	es omari	de box		
9	"If the "Highest N	pribar Previously I mbar Praviously P	September 10	IS SPACE to test IS SPACE to test or independent) to	the highest run	Mar Inc.			. '	OF COM
, i	The District	,,								